

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Changing Landscape of Crisis Services

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Overview

- **National Suicide Prevention Lifeline (Lifeline) network**
- **Simulation Training**
- **Apps for Mobile Technology**

Where We Have Been

- **Limited options for those in crisis**
 - *Call in or walk in*
- **Emergency Departments**
- **Police**
- **Crisis Hotlines**
- **Crisis Centers**
 - *vast difference between services offered, personnel, and funding requirements*

What is a Crisis Center?

- Many different types; priority around instilling hope
- Over 1,200 crisis centers in 61 countries; approx. 600 in USA
- Size, funding, staffing, and operations vary
- All: Confidential; nonjudgmental listening; assessment; referral
- Many venturing into chat/texting/e-mail services

Community Hub for Crisis Intervention

- Community Involvement: Use of volunteers
- Community-wide Access: Free access, expanding ways through online services
- Community of providers: Refer to other services
- Community outreach: Public education, training

National Suicide Prevention Lifeline

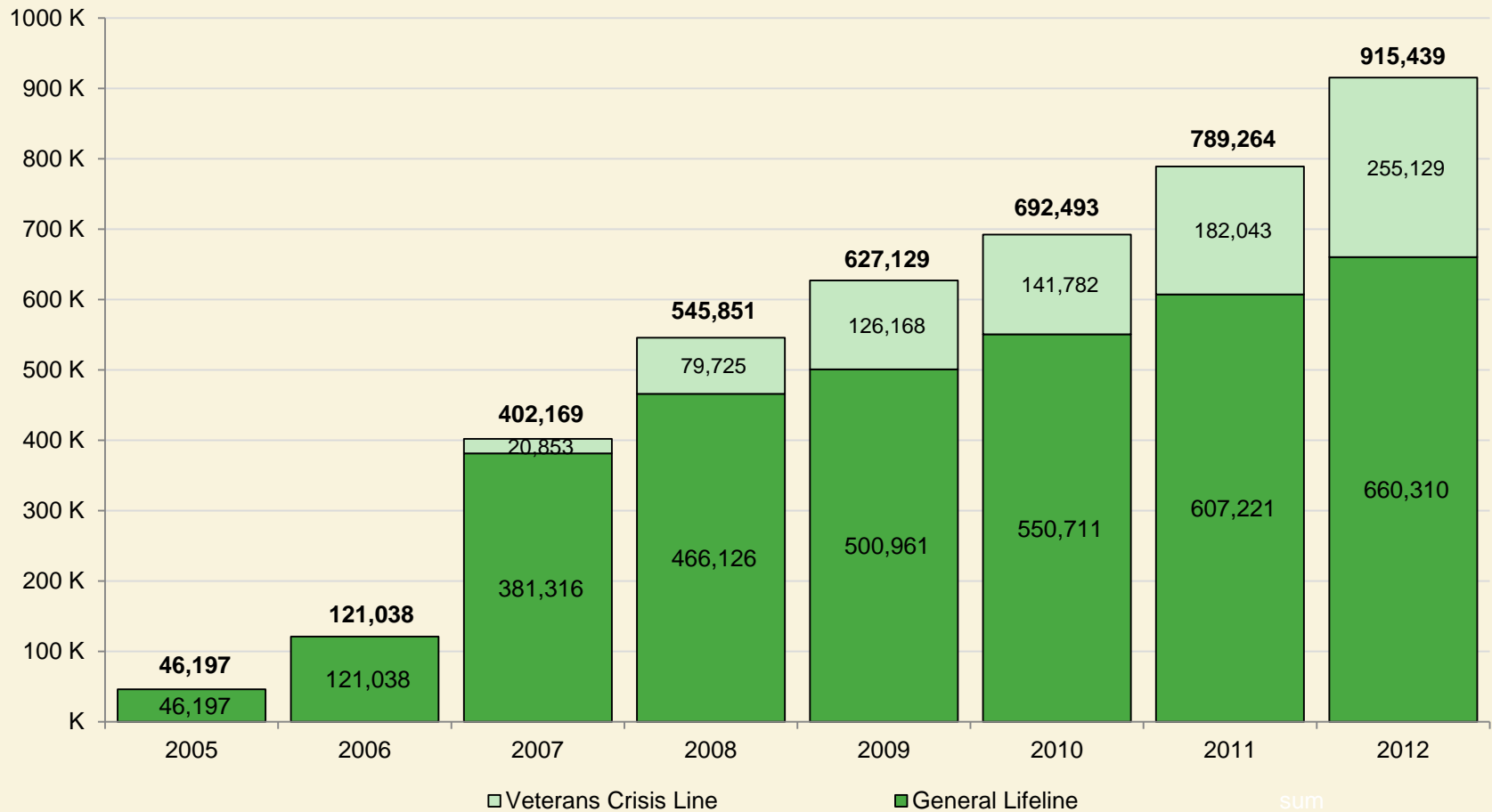
1-800-273-TALK (8255)

The Lifeline is a telephone network comprised of crisis centers across the country dedicated to preventing suicide. By dialing 1-800-273-TALK, people in emotional distress or suicidal crisis have 24/7 access to trained workers who can offer support, empathy and refer callers to additional crisis services, if needed. Using innovative technology, callers are routed to their nearest crisis center, ensuring that they receive support and information about local community services. Since its launch in 2005, the Lifeline has seen a steady increase in call volume.

National Suic



Lifeline & Veterans Crisis Line (2005-2012)



National Suicide Prevention Lifeline

1-800-273-TALK (8255)



- 163 local crisis centers
- Average calls from 2012 were over 76,000 per month; answered 101,495 in July 2013
- Almost 5 million calls answered and monthly numbers increasing
- In response to Lifeline evaluation findings, created the Crisis Center Follow-up Grants (29 crisis center grantees to-date funded)
- Alternative contact started at local level through email
- Added chat services: February 2013
- Follow-up grants, risk assessment standards, and imminent risk guidelines were all a result of the Lifeline evaluation findings. (research-to-practice in action)
- ... enter Simmersion

Simmersion

- **Overview of the technology—Lifeline Simulation Training:**
 - Customized web-based training tool available to the Lifeline network by means of the Network Resource Center.
 - Provides immediate feedback and scores based on each learning objective to guide the user.
 - Learning objectives are based on the Lifeline Quality Improvement goals, Risk Assessment and Imminent Risk standards, and Applied Suicide Intervention Skills Training (ASIST) principles.
- **How the technology is/can be applied to improve behavioral health:**
 - Features two scenarios – (1) a caller in distress and (2) a caller concerned about someone else who may be at risk of self-harm/harm to others.
 - Allows each user to practice engaging a caller, assessing suicide risk, and exploring intervention methods.
 - Simulates an actual call, since the callers' voices are recorded by live actors. The counselor can practice before ever responding to a live call.
 - A supervisor can review the transcripts with the counselor to focus on teaching points.

Simmeration, Cont.

- **Development and implementation considerations:**
 - Type of platform or Learning Management System (LMS) to host the simulation system.
 - How to make the system SCORM-compliant (A set of technical standards developed for eLearning software products)
 - Needed to determine how many times a user should complete the training to meet the basic learning requirements and what the passing score should be.
 - Certain LMSs allow for detailed oversight of how often each user plays and how they are performing. This can be time-consuming (8,000 + users in network).
- **Demonstration of the technology:**
 - Screenshots
- **Presentation of effectiveness data:**
 - Centers are incorporating the training into their new-hire orientation and also using it as refresher training. Currently 1/3 of centers have been trained in network and Lifeline is preparing an additional veteran simulation to be added.
- **Potential reach:**
 - All counselors in all centers within the Lifeline network. This would allow for expansion to other scopes of practice within organizations.

Instructions

read information
about using this program

Review Materials

read about
suicide prevention

Direct Caller Simulation

practice talking with a caller
at risk for suicide

Profile information

You must specify a gender before using the training system. Your gender is important because it will determine how the character will interact with you.



Profile name

karen.carlucci

Male



Female



[Scenario](#)[Scoring](#)[Instructions](#)[Help Agent](#)

Scenario

You are a call specialist at a Lifeline crisis center. One of your duties is to take phone calls from individuals who might be feeling depressed, hopeless, or suicidal. In this scenario, the phone rings, and the simulation picks up with the beginning of your conversation.

For this simulation, you will be talking directly with the person who is feeling down. Your goal is to listen to the caller's concerns, ascertain his risk level, and proceed accordingly.

Notes

Speech Recognition

Listen

Last Statement (Click for help)

Last Response (Click for help)

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Select a topic...



Communicate



Transcript



Expand

Search...



Find



Engagement

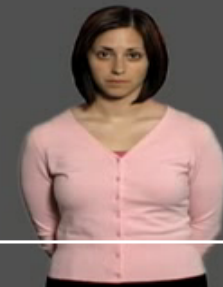
Hello, you've reached the Lifeline. This is Rachel.

Hello. I'm Rachel and I'm here to help you. Please tell me your name and why you are calling the Lifeline.

Hello, you've reached the Lifeline. This is Rachel. May I ask your name?

|||

Hi. My name is Rachel. Thank you for calling the Lifeline. How are you today?



Notes

Speech Recognition

[Listen](#)

Last Statement (Click for help)

You've reached Rachel at the Lifeline, how can I help you?

Last Response (Click for help)

My boy... EX-boyfriend said he was going to kill himself. I'm not sure what to do.




 Immersive Simulations

[Engagement](#)
[Assessments](#)
[Finding Support](#)
[Safety Planning](#)

Why do you think he is at risk for suicide?

You're very worried.

Would you like to tell me more about concerns for your ex?

Select a topic...

Communicate
Transcript
Expand

Search...
Find
?
?

Replay
Rewind
Print

Turn	Statement	Response
1	Hello, you've reached the Lifeline. This is Rachel.	I don't really know why I called you, but ...
2	Well, I'm really glad you called. If it is okay with you, I'd like to know your name to start with.	Yeah, I'm Ray, ..., Ray Scott.
3	Thanks Ray. How can I help today?	Well, I lost my job two years ago and things started going down from there. My girlfriend Vanessa left me. Now, all I got is my home and I haven't been able to make a mortgage payment for nearly a year, so I know that the sheriff will come and I'll be kicked out any day now. There's no way things can get better.
4	It sounds like you may be feeling hopeless now.	You know, I remember when I was in school and I thought I could do anything. I could drink all I wanted, no harm. Now, I can't even support myself. What a change. What a disappointment I am, to everyone. I'm just a burden. And there is no way I can change anything.

Suicide Intervention: Direct Caller

[Restart](#)[Exit](#)[View Transcript](#)

Risk Level Assessment

How would you describe Ray's risk level for being a danger to himself?

[Low Risk](#)[Medium Risk](#)[High Risk](#)

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NATIONAL
SUICIDE
PREVENTION
LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

Risk Assessment 15 / 15

You correctly identified Ray's risk level.

[View Transcript](#)

Safety Plan

14 / 20

[Click here](#) to learn about developing a plan, and [click here](#) to view examples of what to say.

You did a fair job developing a safety plan with Ray. After you and Ray have developed a safety plan, it's important to get Ray to agree to support that plan.

[Next Page >>](#)

Skills for Building a Collaborative Relationship 17 / 30

The relationship developed with the caller is critically important and without developing the proper relationship, Ray will not cooperate and may end the call prematurely.

[View Transcript](#)

Active Listening and Empathy 10 / 10 [\(click for examples\)](#)

You remembered to show empathy, to use active listening skills such as reflection, and to ask for permission when appropriate.

Identifying Reasons to Live 0 / 10 [\(click for examples\)](#)

You did not do a good job getting Ray to identify reasons for living. This is an important topic to discuss with Ray. Remember to patient with him so that he can find his own reasons for living rather than telling him what he should do.

Providing Needed Support 7 / 10 [\(click for examples\)](#)

You demonstrated that you are willing to help Ray in whatever reasonable way he needs.

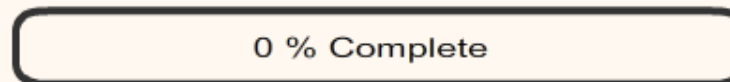
Using Directed Statements (points deducted) 0 [\(click for examples\)](#)

You avoided using any directive statements while working through Ray's problems.

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Totals

Risk Level Assessment	15 / 15
Developing a Safety Plan	14 / 20
Topic Checklist	10 / 25
Referral	10 / 10
Building a Collaborative Relationship	17 / 30
Total Score	66 / 100



[View and Print Certificate](#)

[<< Previous Page](#)

[View Transcript](#)

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App Development

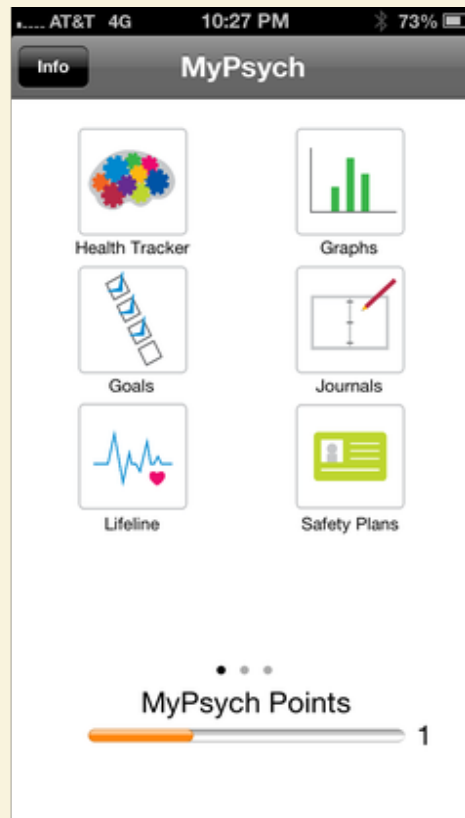
- **Completed Suicide Prevention App Challenge**
 - Many integrated safety plan and mood monitoring into provider databases or systems with the ability to push communications between systems and app users
- **Current apps in development**
 - Bullying Prevention
 - Suicide Prevention for Practitioners
- **Disaster Response App for Android**

Suicide Prevention App Challenge

Relief Link



MyPsych



ReachZ and Companion



Disaster Response



GO2AID will help disaster responders focus on what really matters—the PEOPLE in need.

Be ready—access resources for any type of traumatic event, including tip sheets; guides for responders, teachers, parents, and caregivers; and a directory of behavioral health service providers in the impacted area.

Be prepared—rely on and access pre-downloaded resources on your phone in case of limited Internet connectivity in the field.

Be confident—review key preparedness materials so you're confident you're providing the best support possible.

Share resource easily—send information to colleagues and survivors via text message, email, or transfer to a computer for printing.

Contact information

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